

EMPLOYEE'S NOTICE OF REJECTION OF TERMS OF THE ARIZONA
WORKERS' COMPENSATION LAW

POLICY NO. _____

DATE: _____

TO: _____
(Full Name of Employer)

(Address of Employer in Full)

YOU ARE HEREBY NOTIFIED THAT THE UNDERSIGNED ELECTS TO REJECT THE
TERMS, CONDITIONS AND PROVISIONS OF THE LAW FOR THE PAYMENT OF
COMPENSATION, AS PROVIDED BY THE CUMPULSORY COMPENSATION LAW OF
THE STATE OF ARIZONA, AND ACTS AMENDATORY THERETO.

(Employee Print Name here)

(Social Security Number of Employee)

(Address of Employee)

(Signature of Employee)

NOTE: This notice is of no effect unless it is filled out in duplicate and served upon
the employer. The Employer shall, in all cases, within five days of receipt of the
notice, file a copy with the workers' compensation insurance carrier:

Form No: ICA 04-0113-Rev.12/08